

## Special Milk Program, Free Milk Option, Policy Statement for School Year 2006-2007

All schools participating in the Special Milk Program that elect to serve free milk to eligible children are required by federal regulations to adopt, and have on file with the State Agency, an approved policy statement of standards and procedures for determining eligibility and extending free milk under the Special Milk Program. We have incorporated the standard uniform policy statement into the permanent application-agreement document.

For those LEAs that elect to serve free milk to eligible children, it will be necessary that the new family-size and income scale for determining eligibility for free milk (Policy Attachment A) be adopted for the 2006-2007 school year. The letter to parents (Policy Attachment B) along with the application form (Policy Attachment C) and public release (Policy Attachment D) are to be used in announcing your policy. The methods of collection and meal counting form (Policy Attachment F) need not be resubmitted for approval unless you are changing your procedure from that indicated in your previously approved policy statement, in which case it must be submitted to the State Agency for approval prior to implementation.

In collecting payments for milk and in distributing tickets, tokens, etc., school officials must ensure that there is no overt identification of recipients of free milk. Care must be taken to prevent such identification at the time the ticket or token is issued as well as in the serving line. Also, your collection system must have a built-in accounting system to record the quantities of full price and free milk served daily. Keeping these daily counts is a regulatory requirement.

Use of the new eligibility scale, a copy of the letter you send to parents, the application form you use, a copy of the public release you provide the news media, and your methods of collection and meal counting form (Policy Attachments A, B, C, D, E, and F) will place your LEA in compliance and they should be filed with your approved permanent application-agreement. Unless substantive changes are made to the enclosed attachments, it will not be necessary to return copies to our office.

Schools participating in the Special Milk Program and electing not to offer free milk are not required to adopt and announce a policy statement. LEAs that elect to serve free milk to needy children must make it available any time that milk can be purchased by non-needy children.

If an application for free milk is denied, the parent or guardian must be notified in writing. We have enclosed a PROTOTYPE NOTICE OF APPROVAL OR DENIAL (Policy Attachment E) that may be used to comply with this requirement.

**ELIGIBILITY CRITERIA FOR FREE MILK  
EFFECTIVE JULY 1, 2006**

Household Size	Maximum Household Income Eligible for Free Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$12,740	\$1,062	\$245
2	17,160	1,430	330
3	21,580	1,799	415
4	26,000	2,167	500
5	30,420	2,535	585
6	34,840	2,904	670
7	39,260	3,272	755
8	43,680	3,640	840
Each add'l person	+4,420	+ 369	+ 85

**Family/Household** means a group of people who may or may not be related and who do not live in an institution or a boarding house, but who are living as one economic group. Students who are temporarily away at school should be counted as members of the family; however, students who are full-time residents of an institution are considered a family of one.

**Income** means income before deductions for income taxes, employee's social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees;
2. Net income from non-farm self-employment;
3. Net income from farm self-employment;
4. Social security;
5. Dividends or interest on savings or bonds or income from estates or trusts;
6. Net rental income;
7. Public assistance or welfare payments;
8. Unemployment compensation;
9. Government civilian employee or military retirement, or pensions, or veterans payments;
10. Private pensions or annuities;
11. Alimony or child support payments;
12. Regular contributions from persons not living in the household;
13. Net royalties; and
14. Other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

**Income** does not include any income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition.

In a household where there is income from wages and self-employment and the self-employment reflects a negative net income, consider that income as zero so as not to offset the wages earned.

In applying guidelines, the family's current rate of income should be used in determining eligibility.

**Current Income** is defined as income received during the month prior to application if such income is representative. Where the prior month's income was much higher or lower than usual, expected income for this year (12 months starting from last month) may be used; for example, self-employed people, farmers, and migrant workers.

**Foster Children** are considered a one-member family when the welfare agency is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency. Welfare agency payments, specifically identified by category for the personal use of that foster child and funds personally received by the child, are considered the income of that one-member family. Welfare funds identified for shelter and care, medical and therapeutic needs, and special needs funds should not be considered as income.

In cases where the welfare agency has placed a child in a permanent home and/or subsidizes the child's adoption, the child is considered a member of the household. The family size and total income of the family determine the child's eligibility for free and reduced price meals.

**Institutionalized Children** are considered as a one-member family and only monies the child actually receives and controls shall be considered as income for determining eligibility.

## LETTER TO PARENTS SPECIAL MILK PROGRAM

Dear Parent/Guardian:

The **[Name of School]** school offers milk every school day. Children may buy milk for \$\_\_\_\_\_. Your child may qualify for free milk.

**1. Do I need to fill out an application for each child?** No. Use one Free Milk Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**

**2. Who can get free milk?** Children in households getting Food Stamps or Temporary Assistance and most foster children can get free milk regardless of your income. Also, your children can get free milk if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free milk?** Please call \_\_\_\_\_ to see if your child(ren) qualify, if you have not been informed that they will get free milk.

**4. Should I fill out an application if I got a letter this school year saying my children are approved for free milk?** Do not complete the attached application if you have recently received notification from your school that your child(ren) has been certified to receive free milk benefits for the 2005-2006 school year.

Your children may qualify for free milk if your household income falls within the limits on this chart.			
FEDERAL INCOME CHART For School Year 2006-2007			
Household size	Yearly	Monthly	Weekly
1	\$12,740	\$1,062	\$245
2	17,160	1,430	330
3	21,580	1,799	415
4	26,000	2,167	500
5	30,420	2,535	585
6	34,840	2,904	670
7	39,260	3,272	755
8	43,680	3,640	840
Each additional person:	+4,420	+369	+85

**5. I get WIC. Can my child(ren) get free milk?** Children in households participating in WIC may be eligible for free milk. Please fill out an application.

**6. Will the information I give be checked?** Yes, we may ask you to send written proof.

**7. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting food stamps, Temporary Assistance or other benefits. If you lose your job, your child(ren) may be able to get free milk.

**8. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number].**

**9. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free milk.

**10. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

**11. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**12. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other question or need help, call \_\_\_\_\_.

Sincerely,  
[signature]

In accordance with Federal law and U.S Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-6410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## FREE MILK FAMILY APPLICATION

**PART 1. CHILDREN IN SCHOOL**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food stamp or Temporary Assistance case # for each child (not a 16 digit EBT card #). <b>Skip to Part 4 if you list a food stamp or Temporary Assistance case # [List case #(s) and check whether it is a food stamp (FS) or Temp. Assistance (TA) #]</b>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>
			<u>0</u> <u>0</u> _____ FS <input type="checkbox"/> TA <input type="checkbox"/>

**PART 2. FOSTER CHILD (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

**PART 3. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN**

1. Name (List <b>everyone</b> in household) Please attach an additional page if needed.	2. Gross income and how often it was received								3. Check if NO income
	Earnings from work before deductions		Welfare, child support, alimony		Pensions, retirement, Social Security		All Other Income		
	Income	How often	Income	How often	Income	How often	Income	How often	
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

**PART 4. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_ ☐ I do not have a Social Security #

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance Program case number for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**PART 5. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)**

Mark one or more racial identities:			Mark one ethnic identity:	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic or Latino	

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410* or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.**

**ANNUAL INCOME CONVERSION: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12**

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household Size: \_\_\_\_\_

Food Stamps/Temporary Assistance: ☐ Eligibility: Free ☐ Denied ☐ Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Temporarily Approved Free ☐ Temporarily Approved Until: \_\_\_\_\_ (allow no more than 45 calendar days) Until: \_\_\_\_\_ Until: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

## INSTRUCTIONS FOR APPLYING

**If your household gets FOOD STAMPS OR TEMPORARY ASSISTANCE, follow these instructions:**

- Part 1:** List child(ren)'s name, school, grade, and a food stamp or Temporary Assistance case number. Check the box next to the food stamp or Temporary Assistance case number indicating which type of assistance is received. A food stamp/Temporary Assistance number is a ten digit number and the first two digits currently are "00". A 16-digit Electronic Benefit Transfer (EBT) card number is NOT acceptable.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

**If you are applying for a FOSTER CHILD, use a separate application for each foster child, follow these instructions:**

- Part 1:** List the child's name, school, and grade.
- Part 2:** Check the box and list the child's personal use monthly income, if any.
- Part 3:** Skip this part.
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1:** List each child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
- Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
- Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony; pensions, retirement, Social Security; and all other income. In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
- Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 5:** Answer this question if you choose to.

**PUBLIC RELEASE**

DATE \_\_\_\_\_

\_\_\_\_\_ today announced it's revised free milk policy for school children unable  
(Local Education Agency)  
to pay the full price milk served in schools under the National School Lunch Program and the School Breakfast Program.

Local education officials have adopted the following family-size income criteria for determining eligibility:

Household Size	Maximum Household Income Eligible for Free Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$12,740	\$1,062	\$245
2	17,160	1,430	330
3	21,580	1,799	415
4	26,000	2,167	500
5	30,420	2,535	585
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7	39,260	3,272	755
8	43,680	3,640	840
Each add'l person	+4,420	+ 369	+ 85

Children from families whose current income is at or below those shown are eligible for free milk. Applications are available at the principal's office in each school. To apply, fill out a Free Milk Family Application and return it to the school. The information provided on the application is confidential and will be used only for the purpose of determining eligibility. Applications may be submitted any time during the school year. A complete application is required as a condition of eligibility. A complete application includes: (1) household income from all sources or food stamp/Temporary Assistance case number, (2) names of all household members, and (3) the signature and social security number of adult household member signing the application. School officials may verify current income at any time during the school year.

Foster children may be eligible regardless of the income of the household with whom they reside. A foster child is considered a family of one and only personal use income is counted to determine eligibility.

If a family member becomes unemployed or if family size changes, the family should contact the school to file a new application. Such changes may make the children of the family eligible for these benefits.

Under the provisions of the policy, the \_\_\_\_\_ will review the applications and determine  
(Title of Determining Official)  
eligibility. If a parent is dissatisfied with the ruling of the official, he may wish to discuss the decision with the determining official on an informal basis or he may make a request either orally or in writing to the \_\_\_\_\_  
(Title of Hearing Official)  
whose address is \_\_\_\_\_ for a hearing to appeal  
the decision.

**Hearing procedures are outlined in the policy. A complete copy of the policy is on file in each school and in the central office where any interested party may review it.**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-6410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

NOTICE OF APPROVAL OR DENIAL

\_\_\_\_\_  
(Date)

**STATUS OF FREE MILK FAMILY APPLICATION**

Dear \_\_\_\_\_:  
(Parent)

\_\_\_\_\_ Your application has been approved for free milk.

\_\_\_\_\_ Your application for free milk benefit for your child has been denied for the following reason:

- \_\_\_\_\_ 1. Application incomplete as shown below:
- \_\_\_\_\_ a. Total household income.
  - \_\_\_\_\_ b. Names of all household members.
  - \_\_\_\_\_ c. Signature of adult household member.
  - \_\_\_\_\_ d. Social security number of adult household member signing the application or mark the "I do not have a Social Security Number" box.
- \_\_\_\_\_ 2. Income too high for family size.
- \_\_\_\_\_ 3. Other \_\_\_\_\_

If your application has been denied because it is incomplete, it will be reevaluated when necessary information is submitted. This information can be submitted in person or by letter. If you do not agree with this denial, you may wish to discuss it with me but you still have the right to a fair hearing by calling or writing

\_\_\_\_\_  
(Name and Title of Hearing Official)

at \_\_\_\_\_  
(Address) \_\_\_\_\_ (Phone)

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

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Sincerely,

\_\_\_\_\_  
(Signature of Determining Official)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Phone)

Regulations require that the parent be notified in writing if the application has been denied. This form may also be used to notify parents of meal benefit approval.

**MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
SCHOOL FOOD SERVICES**

**METHODS OF COLLECTION & MEAL COUNTING**

Local Education Agency \_\_\_\_\_ Date \_\_\_\_\_ Agreement No. \_\_\_\_\_

All meal counting methods must have a built-in accounting system at the point of service to record numbers of free, reduced price and full price meals actually served daily. The point of service is that point at which it can be determined that the food items served/selected constitute a reimbursable meal.

From each of the sections below, choose all methods currently used. If a different method is used or if additional information is required to explain the method used, please describe in the space provided or on a separate sheet of paper. If a computerized system is used, please go to Section IV after completing Section I.

**I. Fund Collection (full price and reduced price eligible students)**

- \_\_\_\_\_ a. Students pay for meals daily \_\_\_\_\_, weekly \_\_\_\_\_, monthly \_\_\_\_\_, by the semester \_\_\_\_\_, yearly \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ b. Students may \_\_\_\_\_/may not \_\_\_\_\_ prepay meals.
- \_\_\_\_\_ c. Students may charge meals and pay at a later date.
- \_\_\_\_\_ d. Students do not pay for meals.
- \_\_\_\_\_ e. Meal payment is made in the classroom \_\_\_\_\_, school office \_\_\_\_\_, cafeteria \_\_\_\_\_, another location \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ f. Another method is used. Explain: \_\_\_\_\_

**II. Cards, Tickets, Tokens**

- \_\_\_\_\_ a. All \_\_\_\_\_/some \_\_\_\_\_ schools in the LEA use meal cards, tickets or tokens: elementary \_\_\_\_\_, middle/junior high \_\_\_\_\_, senior high \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ b. All \_\_\_\_\_/some \_\_\_\_\_ students at these school(s) use meal cards, tickets or tokens.
- \_\_\_\_\_ c. Meal cards, tickets or tokens are distributed in the classroom \_\_\_\_\_, school office \_\_\_\_\_, cafeteria \_\_\_\_\_, another location \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ d. Meal cards, tickets or tokens are coded using a number code \_\_\_\_\_, letter code \_\_\_\_\_, date code \_\_\_\_\_, signature code \_\_\_\_\_, another code \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ e. All student meal cards, tickets or tokens are the same size and color.

**III. Meal Accountability and Monitoring Methods**

- \_\_\_\_\_ a. All \_\_\_\_\_/some \_\_\_\_\_ schools in the LEA use a roster system: elementary \_\_\_\_\_, middle/junior high \_\_\_\_\_, senior high \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ b. All students' names are listed on the roster.
- \_\_\_\_\_ c. The roster is marked by the classroom teacher \_\_\_\_\_, food service employee \_\_\_\_\_, another person \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ d. The students' names are marked on the roster after a reimbursable meal is served/selected.
- \_\_\_\_\_ e. The students' names are marked on the roster before a reimbursable meal is served/selected. (Requires State agency approval.)
- \_\_\_\_\_ f. Marks on the roster are counted to arrive at a total number of free, reduced price, and full price reimbursable student meals served. (Must count each category.)
- \_\_\_\_\_ g. Each student presents their meal card, ticket or token to a teacher \_\_\_\_\_, food service employee \_\_\_\_\_ or another person \_\_\_\_\_ at the point of service after a reimbursable meal is served/selected.
- \_\_\_\_\_ h. Each student presents their meal card, ticket or token to a teacher \_\_\_\_\_, food service employee \_\_\_\_\_, another person \_\_\_\_\_ before a reimbursable meal is served/selected. (Check all that apply.) (Requires State agency approval.)
- \_\_\_\_\_ i. Meals are monitored for compliance to the appropriate meal pattern.
- \_\_\_\_\_ j. All students eligible for free or reduced price meals have access to all serving areas offering a reimbursable meal.
- \_\_\_\_\_ k. Another method is used. Explain: \_\_\_\_\_

IV. Computerized Point of Sale Systems

- \_\_\_\_\_ a. The name(s) of the computerized system used \_\_\_\_\_.
- \_\_\_\_\_ b. All \_\_\_\_\_/some \_\_\_\_\_ schools in the LEA use this system: elementary \_\_\_\_\_, middle/junior high \_\_\_\_\_, senior high \_\_\_\_\_. (Check all that apply.)
- \_\_\_\_\_ c. This is a debit system. Students deposit money into an account. Purchases are subtracted from the balance.
- \_\_\_\_\_ d. This is a meal card \_\_\_\_\_/cardless \_\_\_\_\_ system. (Check all that apply.)
- \_\_\_\_\_ e. Meal cards are scanned at the point of service.
- \_\_\_\_\_ f. Meal cards are collected at the point of service and scanned later.
- \_\_\_\_\_ g. Students \_\_\_\_\_, food service employee \_\_\_\_\_, another person \_\_\_\_\_ enters an identifying number into a keypad at the point of service.
- \_\_\_\_\_ h. Each student presents medium of exchange to cashier before a reimbursable meal is served/selected. (Requires State agency approval.)
- \_\_\_\_\_ i. Meals are monitored for compliance with the meal pattern.
- \_\_\_\_\_ j. After all students are served a daily report is generated indicating the number of free, reduced price, and full price reimbursable student meals served/selected.
- \_\_\_\_\_ k. All students eligible for free or reduced price meal benefits have access to all serving areas offering a reimbursable meal.
- \_\_\_\_\_ l. Another method is used. Explain: \_\_\_\_\_

SAMPLE CODING METHODS

Number Coding: Free meal cards, tickets or tokens may use a four-digit number, reduced price a five-digit number, and full price a six-digit number.

Number coding by Series: Numbers 1 through 1,999 may be free meal cards, tickets or tokens, numbers 2,000 through 2,999 may be reduced price, and numbers 3,000 through 3,999 may be full price.

Names: Meal cards, tickets, or tokens may have the child's name on them and can later be compared to a roster.

Date Stamp: Meal cards, tickets, or tokens may have the date stamped on them in different locations. For instance, cards, tickets, or tokens with the date stamped at the top may be full price, in the middle free, and on the bottom reduced price.

Hole Punch: Holes may be punched in different locations on the meal card, ticket, or token. For instance, a hole punched at the top may be full price, in the middle free, and at the bottom reduced price. Location codes should be changed two or three times during the year.

NOTE: Marking codes that can be easily duplicated or altered to a different code must be avoided.

PROHIBITED CODES: Free, reduced price, or paid. F, R, P. Color Coding.

CODES NOT RECOMMENDED: X,Y,Z. 1,2,3. A,B,C. AAA,BBB,CCC

**If the Methods of Collection and Meal Counting system(s) that will be used for the 2006-2007 school year is different from the previous school year, please complete and return form to:**

School Food Services  
Department of Elementary and Secondary Education  
PO Box 480, Jefferson City, MO 65102  
FAX (573) 526-3897